



AS137275

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|---|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents; P.O. Box 1450; Arlington, VA 22313-1450 on May 12, 2004. |                  |
| Theodore P. Cummings, Esq. 40,973<br>Name of Attorney   | Registration No. |
| Signature of Attorney   |                  |

P&G Case No. 8330M

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of

Gerard Laurent Buisson, *et al.*

: Conf. No. 6598

Serial No.: 10/008,583

: Group Art Unit: 3727

Filed: November 13, 2001

: Examiner: Robin Annette Hylton

Title: STRUCTURES FOR PROVIDING A REMOVABLE CLOSURE

**AMENDMENT AFTER OFFICE ACTION UNDER 37 CFR §1.111**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY REMARKS**

In response to the Office Action dated January 21, 2004 please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begin on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

05/20/2004 MGBREM1 00000077 162480 10008583  
01 FC:1251 110.00 DA

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**MAY 24 2004**  
TECHNOLOGY CENTER R3700

MAY 18 2004

**FEE TRANSMITTAL  
for FY 2004**

Patent fees are subject to annual revision.

|                                |                    | <b>Complete if Known</b> |                                |
|--------------------------------|--------------------|--------------------------|--------------------------------|
|                                |                    | Application Number       | 10/008,583                     |
|                                |                    | Confirmation Number      | 6598                           |
|                                |                    | Filing Date              | November 13, 2001              |
|                                |                    | First Named Inventor     | Gerard Laurent Buisson, et al. |
|                                |                    | Examiner Name            | Robin A. Hylton                |
|                                |                    | Art Unit                 | 3727                           |
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> 110.00 | Attorney Docket No.      | 8330M                          |

| <b>METHOD OF PAYMENT</b>  |   |   | <b>FEES CALCULATION (continued)</b>   |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
|---|---|---|---|-----------|----------------|-------------------|----------------------|--------------------------------------|----------|-----------|----------------|-----------------------------------|---|------|----|--|--------------------------|------|-----|---------------------------|--------------------------|------|-------|--|--------------------------|------|------|--|--------------------------|------|--------|---|--------------------------|------|-----|--|-------------------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-------|--|--------------------------|------|-------|--|--------------------------|------|-----|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|--------------|--|------|---|--|--|---|--|--|--|--|--|-------------------|----------------------|--------------------------------------|--------|-----------|----------------|-----------|---|--|--|------|------------|
| <p>1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480<br/>Deposit Account Name: The Procter &amp; Gamble Company</p>   |   |   | <p>3. ADDITIONAL FEES</p> <table border="0"> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>1051</td> <td>130</td> <td>Surcharge-late filing fee or oath</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1052</td> <td>50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1251</td> <td>110</td> <td>Extension for reply within 1<sup>st</sup> month</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>1252</td> <td>420</td> <td>Extension for reply within 2<sup>nd</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1253</td> <td>950</td> <td>Extension for reply within 3<sup>rd</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>Extension for reply within 4<sup>th</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>Extension for reply within 5<sup>th</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1401</td> <td>330</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1402</td> <td>330</td> <td>Filing a brief in support of an appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1403</td> <td>290</td> <td>Request for oral hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1452</td> <td>110</td> <td>Petition to revive - unavoidable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>Petition to revive - unintentional</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>Utility issue fee (or reissue)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1502</td> <td>480</td> <td>Design issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1807</td> <td>50</td> <td>Processing fee under 37 C.F.R. 1.17(q)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1809</td> <td>770</td> <td>Filing a submission after final rejection<br/>(37 CFR § 1.129(a))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1810</td> <td>770</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1801</td> <td>770</td> <td>Request for Continued Examination (RCE)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1454</td> <td>1330</td> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td>(\$)</td> <td colspan="3">* Reduced by Basic Filing Fee Paid      SUBTOTAL(3)      (\$)</td> </tr> <tr> <td colspan="6"> <b>SUBMITTED BY</b><br/> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Theodore P. Cummings</td> <td>Registration No.<br/>(Attorney/Agent)</td> <td>40,973</td> <td>Telephone</td> <td>(513) 634-1906</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>05/12/2004</td> </tr> </table> </td> </tr> </table> |           |                | Code              | (\$)                 | Fee Description                      | Fee Paid | 1051      | 130            | Surcharge-late filing fee or oath | <input type="checkbox"/>  | 1052 | 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | 130 | Non-English specification | <input type="checkbox"/> | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251 | 110 | Extension for reply within 1 <sup>st</sup> month | <input checked="" type="checkbox"/> | 1252 | 420 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 950 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | 1,480 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 2,010 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 330 | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection<br>(37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | SUBTOTAL (2) |  | (\$) | * Reduced by Basic Filing Fee Paid      SUBTOTAL(3)      (\$) |  |  | <b>SUBMITTED BY</b><br><table border="1"> <tr> <td>Name (Print/Type)</td> <td>Theodore P. 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| Code  | (\$)  | Fee Description   | Fee Paid  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1051  | 130   | Surcharge-late filing fee or oath   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1052  | 50  | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1053  | 130   | Non-English specification   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1812  | 2,520   | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1804  | 920*  | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1805  | 1,840*  | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1251  | 110   | Extension for reply within 1 <sup>st</sup> month  | <input checked="" type="checkbox"/>   |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1252  | 420   | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1253  | 950   | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1254  | 1,480   | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1255  | 2,010   | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1401  | 330   | Notice of Appeal  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1402  | 330   | Filing a brief in support of an appeal  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1403  | 290   | Request for oral hearing  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1451  | 1,510   | Petition to institute a public use proceeding   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1452  | 110   | Petition to revive - unavoidable  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1453  | 1,330   | Petition to revive - unintentional  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1501  | 1,330   | Utility issue fee (or reissue)  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1502  | 480   | Design issue fee  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1460  | 130   | Petitions to the Commissioner   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1807  | 50  | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1806  | 180   | Submission of Information Disclosure Statement  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1809  | 770   | Filing a submission after final rejection<br>(37 CFR § 1.129(a))  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1810  | 770   | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1801  | 770   | Request for Continued Examination (RCE)   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1802  | 900   | Request for expedited examination of a design application   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| 1454  | 1330  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| Other fee (specify) _____   |   |   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| Other fee (specify) _____   |   |   | <input type="checkbox"/>  |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| SUBTOTAL (2)  |   | (\$)  | * Reduced by Basic Filing Fee Paid      SUBTOTAL(3)      (\$)   |           |                |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| <b>SUBMITTED BY</b><br><table border="1"> <tr> <td>Name (Print/Type)</td> <td>Theodore P. Cummings</td> <td>Registration No.<br/>(Attorney/Agent)</td> <td>40,973</td> <td>Telephone</td> <td>(513) 634-1906</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>05/12/2004</td> </tr> </table> |   |   |   |           |                | Name (Print/Type) | Theodore P. Cummings | Registration No.<br>(Attorney/Agent) | 40,973   | Telephone | (513) 634-1906 | Signature                         |  |      |    | Date   | 05/12/2004               |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| Name (Print/Type)   | Theodore P. Cummings  | Registration No.<br>(Attorney/Agent)  | 40,973  | Telephone | (513) 634-1906 |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |
| Signature   |  |   |   | Date      | 05/12/2004     |                   |                      |                                      |          |           |                |                                   |   |      |    |  |                          |      |     |                           |                          |      |       |  |                          |      |      |  |                          |      |        |   |                          |      |     |  |                                     |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |      |   |  |  |   |  |  |  |  |  |                   |                      |                                      |        |           |                |           |   |  |  |      |            |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 12, 2004.

Theodore P. Cummings, Esq. 40,973  
 Name of Attorney/Agent Registration No.  
 Signature of Attorney

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
 RESPONSE/AMENDMENT

Mail Stop Amendment  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/008,583  
 Applicant(s) : Gerard Laurent Buisson, et al.  
 Filed : November 13, 2001  
 Title : STRUCTURE FOR PROVIDING A REMOVABLE CLOSURE  
 TC/A.U. : 3727  
 Examiner : Robin A. Hylton  
 Conf. No. : 6598  
 Docket No. : 8330M  
 Customer No. : 27752

1.  No additional fees (claims fees or extension fees) are known to be required.
2.  The fee has been calculated as shown below:

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| (Col. 1)                                  |   | (Col. 2) |                                       | (Col. 3)          |           | OTHER THAN A<br>SMALL ENTITY |     |
|---|---|----------|---------------------------------------|-------------------|-----------|------------------------------|-----|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA* |           | RATE                         | FEE |
| TOTAL                                     | * 9                                       | MINUS    | ** 35                                 | = 0               | x \$18 =  | \$0                          |     |
| INDEP.                                    | * 1                                       | MINUS    | *** 2                                 | = 0               | x \$86 =  | \$0                          |     |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |          |                                       |                   | + \$290 = | \$0                          |     |
|   |   |          |                                       |                   | TOTAL     | \$0                          |     |

3.  The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated January 21, 2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$110.00 for a one-month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a.  Any patent application processing fees under 37 CFR §1.16.
  - b.  Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

  
 Theodore P. Cummings  
 Attorney for Applicant(s)  
 Registration No. 40,973  
 Tel. No. (513) 634-1906

May 12, 2004  
 Customer Number 27752